02/19/2008 16:02

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) 655 Beach Street ADDRESS (number and street) Check if different than previously San Francisco CA 94109 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00196246 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2008 0 1 3 1 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Benjamin Bank Type or Print Name of Treasurer Electronically Filed by Benjamin Bank 02 13 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) [®] D D 0 1 0 1 2008 0 1 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 895558.86 January 1 (b) Cash on Hand at 895558.86 Begining of Reporting Period 61308.72 61308.72 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 956867.58 956867.58 6(a) and 6(c) for Column B) 1801.93 1801.93 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 955065.65 955065.65 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

0 1 м N 0 1 м м 0 1 3^D1 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 53276.00 53276.00 (i) Itemized (use Schedule A) 5401.25 5401.25 (ii) Unitemized (iii) TOTAL (add 58677.25 58677.25 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 58677.25 58677.25 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 2631.47 2631.47 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 61308.72 61308.72 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 61308.72 61308.72 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal	·	
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	1501.93	1501.93
	Expenditures(c) Total Operating Expenditures	1001.00	1301.30
	(add 21(a)(i), (a)(ii) and (b))	1501.93	1501.93
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	300.00	300.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	300.00	300.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1801.93	1801.93
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	1801.93	1801.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	58677.25	58677.25
34.	Total Contribution Refunds (from Line 28(d))	300.00	300.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	58377.25	58377.25
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1501.93	1501.93
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1501.93	1501.93

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Statements may not be sold or used by any persename and address of any political committee to Inc Political Committee (OPHTHPAC)	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William Aden Mailing Address 1053 River Oaks Drive City Flowood FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code MS 39232-9595 C Occupation Ophthalmologist Aggregate Year-to-Date 500.00	Date of Receipt M M M J D D J Z D O 8 Transaction ID: FBF69D620307 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
Full Name (Last, First, Middle Initial) Omar Almallah Mailing Address the Focus Center 20 Mule Road City Toms River FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code NJ 08755-5028 C Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M J D D J 2008 Transaction ID: 42c991a340df6169671 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) James Antoszyk Mailing Address Charlotte Eent Assoc, 6035 Fairview Road City Charlotte FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	Pa State Zip Code NC 28210 C Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1115.00

CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any phe name and address of any political committe	person for the purpose of soliciting contributions see to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Todd Auker Mailing Address Auker Eye Inst		Date of Receipt
2324 Santa Rita Roa	ad Suite 7	01 18 2008
City	State Zip Code	Transaction ID: 0444087
Pleasanton	CA 94566	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Robert Bailey	Date of Receipt	
Mailing Address 912 E Willow Grove	0 1 0 8 2 0 0 8	
City	Transaction ID: BSYBNI407531	
Wyndmoor	State Zip Code PA 19038-7910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Gregg Bannett		Date of Receipt
Mailing Address 620 N Broad Street		01 18 YYYYY 2008
City	State Zip Code	Transaction ID: 0211790
Woodbury	NJ 08096-1795	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional		2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Statements may not be sold or used by any peen ame and address of any political committee Inc Political Committee (OPHTHPAC	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Rulon Beesley Mailing Address #102 44404 16th St. W City Lancaster FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code CA 93534-2839 C Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gregg Berdy Mailing Address 12990 Manchester Ro City Des Peres FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code MO 63131 C Occupation Ophthalmologist Aggregate Year-to-Date 365.00	Date of Receipt M M D D Y Y Y Y
Full Name (Last, First, Middle Initial) Robert Block Mailing Address 12 Curtis St City Meriden FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code CT 06450-5900 C Occupation Ophthalmologist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		980.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 45 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Alan Brackup			Date of Receipt
	Mailing Address Suite 103 300 Middletown Boule	ward		01 08 2008
	City	State	Zip Code	Transaction ID: BSYBNI326732
	Langhorne	PA	19047-3202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Paul Brailsford	Date of Receipt		
	Mailing Address Suite 303 801 N Tustin Avenue	01 17 2008		
	City	State	Zip Code	Transaction ID: FBF69D107213
	Santa Ana	CA	92705-3601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthalr		Balcii 1001 - PAC
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial) Nauman Chaudhry			Date of Receipt
	Mailing Address Suite 300 2200 Whitney Avenue			01 29 4 2008
	City	State	Zip Code	Transaction ID: GAX2UE276289
	<u>Hamden</u>	CT	06518-3602	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthalr	mologist	- Balon 1001-1 AO
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		250.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persue name and address of any political committee to your Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Rudolf Churner Mailing Address 1501 Redbud City McKinney FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code TX 75069-3226 C Occupation Ophthalmologist Aggregate Year-to-Date 500.00	Date of Receipt M M 29 2008 Transaction ID: GAX2UE585661 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
Full Name (Last, First, Middle Initial) Gary Cowan Mailing Address 1350 S Main St Ste 3200 City Fort Worth FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code TX 76104-7669 C Occupation Ophthalmologist Aggregate Year-to-Date 250.00	Date of Receipt M M M O O O O O O O O O O O O O O O O
Full Name (Last, First, Middle Initial) John Creasman Mailing Address 1130 Loma Vista City Mesa FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code AZ 85213 C Occupation Ophthalmologist Aggregate Year-to-Date 1000.00	Date of Receipt M M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·	1750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 45 (check only one) X
A	ny information copied from such Reports and so for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	y Inc Politica	I Committee (OPHTHPAC)	
٠.	Full Name (Last, First, Middle Initial) John Downing Mailing Address 985 Matlock Road			Date of Receipt
	Mailing Address 985 Matlock Road			01 14 2008
	City	State	Zip Code	Transaction ID: 87P2GU788914
	Bowling Green	KY	42104-7408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) David Durfee			Date of Receipt
	Mailing Address 616 SE Manchester P	01 16 YYYYY 2008		
	City	State	Zip Code	Transaction ID: D2631D81-254C-4CA
	Portland	OR	97202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalr		
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Jeffrey Edelstein			Date of Receipt
	Mailing Address 2022 E La Vieve Lane	01 31 7 2008		
	City	State	Zip Code	Transaction ID: 63D96FF4-80F1-4470
	Tempe	AZ	85224	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalr	nologist	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	500.00	
	SUBTOTAL of Receipts This Page (optional) .	_1		1500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and Strong commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
	American Academy of Ophthalmology	y Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Harry Eggleston			Date of Receipt
	Mailing Address Suite 100 633 Emerson Road			01 29 2008
	City	State	Zip Code	Transaction ID: GAX2UE183192
	St. Louis	MO	63141-6739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Daniel Eichenbaum	Date of Receipt		
	Mailing Address 1321 W US Highway 64 PO Box 39			01 24 7 2008
	City	State NC	Zip Code	Transaction ID: GAX2Q8746154
	Murphy FEC ID number of contributing federal political committee.	C	28906-3361	Amount of Each Receipt this Period 250.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		375.00]
_	Full Name (Last, First, Middle Initial) Richard Andrew Erdey			Date of Receipt
	Mailing Address Erdey Eye Group 5965 E Broad Street S	Suite 490		01 29 2008
	City	State	Zip Code	Transaction ID: GAX2UE133947
	Columbus	ОН	43213	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00 Batch Tool - PAC
	Name of Employer Occupation Self Ophthalmologist		Daton 1001 - FAC	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		500.00	
Г		1		1115.00

	LE A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 45 (check only one) X
or for commerc	n copied from such Reports and S sial purposes, other than using the COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American	Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
Full Name (Paul Fecko	Last, First, Middle Initial)			Date of Receipt
Mailing Add	lress 195 W Brown Street			01 24 7 2008
City <u>Birmingh</u> a	am	State MI	Zip Code 48009-6018	Transaction ID: GAX2Q8691065 Amount of Each Receipt this Period
FEC ID nur	nber of contributing ical committee.	C	40005 0010	501.00
Name of Er	nployer	Occupatio Ophthalr		Batch Tool - PAC
Receipt For Prima Other			e Year-to-Date ▼ 501.00	
Full Name (Last, First, Middle Initial)	Date of Receipt		
Mailing Add	lress 1441 E Ocean Bouleva	01 23 2008		
City		Transaction ID: FAD9TV624438		
<u>Stuart</u>		FL	34996-2613	Amount of Each Receipt this Period
	nber of contributing ical committee.	C		365.00
Name of Er self	nployer	Occupatio Ophthalr		Batch Tool - PAC
Receipt For		Aggregate	e Year-to-Date 🔻	
Prima Other	rry	0 0	365.00	
Full Name (Stuart Fine	Last, First, Middle Initial)	Date of Receipt		
Mailing Add	lress 51 N 39th Street	01 18 2008		
City	L!_	State	Zip Code	Transaction ID: 0417374
	nber of contributing ical committee.	C	19104-2640	Amount of Each Receipt this Period 250.00
Name of Er self	Name of Employer Self Occupation Ophthalmologist			Batch Tool - PAC
Receipt For Prima Other		Aggregate	e Year-to-Date ▼ 250.00	
CURTOTAL	of Receipts This Page (optional)	1		1116.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 45 (check only one) X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Frank Fischer Mailing Address Suite 200 215 1st St. N City	State	Zip Code	Date of Receipt M
	Winter Haven FEC ID number of contributing federal political committee.	FL C	33881-4507	Amount of Each Receipt this Period 500.00
	Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupatio Ophthalr Aggregate		Batch Tool - PAC
3.	Full Name (Last, First, Middle Initial) C Stephen Foster Mailing Address Suite 8 5 Cambridge Center City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Cambridge FEC ID number of contributing federal political committee.	MA C	02142-1493	Amount of Each Receipt this Period 500.00 Batch Tool - PAC
	Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupatio Ophthalr Aggregate		
	Full Name (Last, First, Middle Initial) Tamara Fountain Mailing Address 1445 Coral Parkway			Date of Receipt 0 1 0 7 2 0 0 8
	City	State IL	Zip Code	Transaction ID: 4PJKRI831247
	Northbrook FEC ID number of contributing federal political committee.	C	60062-5192	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)	1	\	1365.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 45 (check only one) X
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmolog	y Inc Politica	Committee (OPHTHPAC)	
۸.	Full Name (Last, First, Middle Initial) Geoffrey Garrett			Date of Receipt
	Mailing Address Highland Clinic 1455 E Bert Kouns			01 25 2008
	City Shreveport	State LA	Zip Code 71105-5634	Transaction ID: GAX2UC153664
	FEC ID number of contributing federal political committee.	C	71103-3034	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 365.00	
— 3.	Full Name (Last, First, Middle Initial) Gerald Gaul	Date of Receipt		
	Mailing Address North Dakota Eye Clinic 3035 Demers Avenue			01 08 7 2008
	City Grand Forks	Zip Code 58201	Transaction ID: BSYBNI951266 Amount of Each Receipt this Period	
	Grand Forks ND FEC ID number of contributing federal political committee.		30201	500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) David Glasser	Date of Receipt		
	Mailing Address Suite 101 6350 Stevens Forest		7.0.1	01 18 2008
	City Columbia	State MD	Zip Code 21046-3240	Transaction ID: 0681863 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
	UBTOTAL of Receipts This Page (optional).	1		1230.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 45 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Statements may not be sold or used by any perse name and address of any political committee to y Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John Godard Mailing Address 158 Clinic Avenue City Carrollton FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code GA 30117-4414 C Occupation Ophthalmologist Aggregate Year-to-Date 1000.00	Date of Receipt M M M O T D D C 2008 Transaction ID: 4PJKRI797245 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
Full Name (Last, First, Middle Initial) David Gossage Mailing Address 50 W Carleton City Hillsdale FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code MI 49242 C Occupation Ophthalmologist Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1 1 6 2 0 0 8 Transaction ID: 22B20624-D8DD-4B17 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Joel Gottlieb Mailing Address Roxbury Eye Center F 66 Sunset Strip Suite City Succasunna FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)		Date of Receipt M M M O T D D C 2008 Transaction ID: 4PJKRI714354 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
SUBTOTAL of Receipts This Page (optional) .	·	2500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 45 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Robert Graham			Date of Receipt
	Mailing Address Seton Health Center 711 W North Avenue 9	Suite 206		01 07 2008
	City	State	Zip Code	Transaction ID: 4PJKRI346380
	Chicago	IL	60610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	. ' · · · · · · · · · · · · · · · · · · 	e Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Lynn Greenlee			Date of Receipt
	Mailing Address 1145 Ohio Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: GAX2Q8867713
	Canon City	CO	81212-2278	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
	Full Name (Last, First, Middle Initial) John Griffin	1		Date of Receipt
	Mailing Address 475 Irving Avenue Suite 420			01 29 7 2008
	City	State	Zip Code	Transaction ID: GAX2UE513825
	Syracuse	NY	13210-1573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00 Batch Tool - PAC
	Name of Employer self	Occupatio Ophthalr	nologist	Dalcii 1001 - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
	SUBTOTAL of Receipts This Page (optional)	1		1095.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Michael Guerra			Date of Receipt
	Mailing Address 244 Wesley Drive			01 16 2008
	City <u>Kerrville</u>	State TX	Zip Code 78028	Transaction ID: 787F355B-77EA-455E- Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation Ophthalr		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
ь. В.	Full Name (Last, First, Middle Initial) Linda Gunshefski	1		Date of Receipt
	Mailing Address 625 Catherine Street			01 29 2008
	City Wells Wells	State WA	Zip Code	Transaction ID: GAX2UE488194
	Walla Walla FEC ID number of contributing federal political committee.	C	99362-3131	Amount of Each Receipt this Period 1000.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00	
с. С.	Full Name (Last, First, Middle Initial) David Guyette			Date of Receipt
	Mailing Address 600 Main Street			M M / D D / Y Y Y Y Y Y A 2 0 0 8
	City Malden	State MA	Zip Code 02148-3919	Transaction ID: GAX2Q8927713 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02140-3919	500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			2000.00
Ì	TOTAL This Period (last page this line number	only)		

	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
C	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
∠ A .	Full Name (Last, First, Middle Initial) John Hagan			Date of Receipt
	Mailing Address 409 NW Briarcliff Par	kway		01 16 2008
	City Kansas City	State MO	Zip Code 54116	Transaction ID: 91E5DE8D-BB83-4E1F
	FEC ID number of contributing federal political committee.	C	34110	Amount of Each Receipt this Period 1000.00
	Name of Employer self	Occupation Ophthaln		
	Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 1000.00	
— В.	Full Name (Last, First, Middle Initial) Jeffrey Harrington			Date of Receipt
	Mailing Address 1508 Brook Avenue			0 1
	City	State	Zip Code	Transaction ID: BSYBNI088824
	Wichita Falls FEC ID number of contributing federal political committee.	C	76301-5604	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) Bernhard Heersink	1		Date of Receipt
	Mailing Address Suite 1 21 Highland Avenue			01 24 2008
	City Newburyport	State MA	Zip Code 01950-3873	Transaction ID: GAX2Q8126650 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	01000 0070	300.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1800.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 45 (check only one) X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	
	logy Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Kurt Frederick Heitman		Date of Receipt
Mailing Address 104 Simpson St		01 20 4 2008
City <u>Greenville</u>	State Zip Code SC 29605	Transaction ID: E6B6803B-12F2-4AD Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) David Hill		Date of Receipt
Mailing Address 499 Farmington A	venue	0 1 0 8 2 0 0 8
City	State Zip Code	Transaction ID: BSYBNI626488
<u>Farmington</u>	CT 06032-1943	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Paul Hiss		Date of Receipt
Mailing Address 2285 Green Vista	Drive	01 12 2008
City	State Zip Code	Transaction ID: 459fb2a2ff664b3900
Sparks FEC ID number of contributing federal political committee.	NV 89431-1071	Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option		1000.00

[7	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Nabil Jabbour			Date of Receipt
	Mailing Address 3120 Collins Ferry Ro	ad		01 08 2008
	City Morgantown	State WV	Zip Code 26505-3305	Transaction ID: BSYBNI564138 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	- ' 	e Year-to-Date ▼ 865.00	
 3.	Full Name (Last, First, Middle Initial) Nabil Jabbour Mailing Address 3120 Collins Ferry Ro	ad		Date of Receipt
	<u> </u>			01 24 2008
	City	State	Zip Code	Transaction ID: GAX2Q8245011
	Morgantown FEC ID number of contributing federal political committee.	C	26505-3305	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 865.00	
_ ;.	Full Name (Last, First, Middle Initial) David Johnson			Date of Receipt
	Mailing Address Suite 210 8101 E Lowry Bouleva			01 22 7 4 4 4 4
	City Denver	State CO	Zip Code 80230-7195	Transaction ID: 9618bf7ef32c16fdfb3
	FEC ID number of contributing federal political committee.	C	00250-7195	Amount of Each Receipt this Period 250.00
	Name of Employer self	Occupatio Ophthalr		
	Receipt For: Primary General Other (specify)	T .	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1115.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 45 (check only one) X 11a
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Kenneth Juechter Mailing Address 20 Watch Hill Road City Croton on Hudson FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	State NY C Occupation Ophthalm Aggregate	nologist e Year-to-Date ▼	Date of Receipt O 1
- B.	Other (specify) Full Name (Last, First, Middle Initial) Keith Kellum Mailing Address 446 Corporate Drive City Houma	State LA	365.00 Zip Code 70360-2461	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	Occupation Ophthalm Aggregate		Batch Tool - PAC
- С.	Full Name (Last, First, Middle Initial) William Kilpatrick Mailing Address 6700 E. STALLION RC City PARADISE VALLEY FEC ID number of contributing federal political committee. Name of Employer self Receipt For:	State AZ C Occupation Ophthaln		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
[Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		500.00	1365.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 45 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	the name and addres	s of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Craig King Mailing Address 3209 N 4th St Ste 100 City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Longview FEC ID number of contributing federal political committee.	TX	75605-5170	Amount of Each Receipt this Period 250.00
Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalmole Aggregate Ye		PAC
Full Name (Last, First, Middle Initial) Robert Knox Mailing Address 3000 Rogers Avenu	ue		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 0460925
Fort Smith	AR	72901-4232	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer self	Occupation Ophthalmol	ogist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Stephen Kondash	l		Date of Receipt
Mailing Address Suite 300 2841 Boudinot Aver	nue		01 18 7 2008
City Cincinnati	State OH	Zip Code 45238-2496	Transaction ID: 0746434
FEC ID number of contributing federal political committee.	C	43230-2490	Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmol	ogist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional	ıl)		980.00

or COMMITTEE (In Full) ican Academy of Ophthalmology ame (Last, First, Middle Initial) Krach J Address 2510 E Dupont Road Nayne O number of contributing I political committee. of Employer ot For: Primary General Other (specify) ▼ ame (Last, First, Middle Initial) th Langley J Address 2201 S 10th St. Suite	suite 128 State IN Occupation Ophthalm Aggregate A State	Zip Code 46825-1603 Tolologist Year-to-Date	Date of Receipt Date of Receipt M M M / D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ican Academy of Ophthalmology ame (Last, First, Middle Initial) Krach Address 2510 E Dupont Road Wayne O number of contributing I political committee. of Employer ot For: Primary General Other (specify) ame (Last, First, Middle Initial) th Langley Address 2201 S 10th St. Suite	Suite 128 State IN C Occupatior Ophthalm Aggregate A State	Zip Code 46825-1603 nologist Year-to-Date ▼ 250.00	Transaction ID: 0514151 Amount of Each Receipt this Period 250.00 Batch Tool - PAC Date of Receipt 18 2008
Address 2510 E Dupont Road Nayne D number of contributing political committee. of Employer of For: Primary General Other (specify) ▼ ame (Last, First, Middle Initial) th Langley Address 2201 S 10th St. Suite	State IN C Occupation Ophthalm Aggregate A State	46825-1603 nologist Year-to-Date ▼ 250.00	Transaction ID: 0514151 Amount of Each Receipt this Period 250.00 Batch Tool - PAC Date of Receipt 18 2008
Vayne D number of contributing political committee. of Employer ot For: Primary General Other (specify) ▼ ame (Last, First, Middle Initial) th Langley Address 2201 S 10th St. Suite	State IN C Occupation Ophthalm Aggregate A State	46825-1603 nologist Year-to-Date ▼ 250.00	Date of Receipt Date of Receipt Date of Receipt Date of Receipt 1 8 2 0 0 8 250.00 250.00 Date of Receipt 1 8 2 0 0 8 2 9 0 8 2 9 0 8
O number of contributing political committee. of Employer ot For: Primary General Other (specify) ame (Last, First, Middle Initial) th Langley J Address 2201 S 10th St. Suite	Occupation Ophthalm Aggregate A State	46825-1603 nologist Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 250.00 Batch Tool - PAC Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
O number of contributing political committee. of Employer ot For: Primary General Other (specify) ame (Last, First, Middle Initial) th Langley Address 2201 S 10th St. Suite	Occupation Ophthalm Aggregate A State	nologist Year-to-Date ▼ 250.00	Date of Receipt O 1 D 250.00 PAC
political committee. of Employer of For: Primary General Other (specify) ame (Last, First, Middle Initial) th Langley Address 2201 S 10th St. Suite	Occupation Ophthalm Aggregate A State	nologist Year-to-Date ▼ 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ot For: Primary General Other (specify) ▼ ame (Last, First, Middle Initial) th Langley the Address 2201 S 10th St. Suite	Ophthalm Aggregate A State	nologist Year-to-Date ▼ 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Tame (Last, First, Middle Initial) th Langley Address 2201 S 10th St. Suite	A State	250.00	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ ame (Last, First, Middle Initial) th Langley J Address 2201 S 10th St. Suite	State		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
h Langley J Address 2201 S 10th St. Suite	State	7. 0.4	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Address 2201 S 10th St. Suite	State	7. 0.4	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Diaras		7' - 01 -	: ID 0100000
Diaras		Zip Code	Transaction ID: 0186806
Pierce	FL	34950-5382	Amount of Each Receipt this Period
O number of contributing political committee.	C		365.00
of Employer	Occupation Ophthalm		Batch Tool - PAC
ot For:		Year-to-Date ▼	
Primary General Other (specify) ▼		365.00	
ame (Last, First, Middle Initial)			Date of Receipt
Address Reading HIth Center	ve Suite 203		01 18 2008
	State	Zip Code	Transaction ID: 0748665
ing	MA	1867	Amount of Each Receipt this Period
O number of contributing political committee.	C		365.00
of Employer			Batch Tool - PAC
t For:	-, '- '		
Primary General Other (specify) ▼		365.00	
			980.00
i	20 Pond Meadow Driving o number of contributing political committee. of Employer t For: General	20 Pond Meadow Drive Suite 203 State MA Double of contributing political committee. Of Employer Of Employer Ophthalm Aggregate Primary General	20 Pond Meadow Drive Suite 203 State Zip Code MA 1867 Doumber of contributing political committee. C C C C C C C C C C C C C C C C C C C

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to ogy Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William Lee Mailing Address 349 Folly Road City Charleston FEC ID number of contributing federal political committee. Name of Employer self	State Zip Code SC 29412-2508 C Occupation Ophthalmologist	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Robert Lehmann Mailing Address 5300 N Street		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Nacogdoches FEC ID number of contributing federal political committee.	State Zip Code TX 75965-1370	Transaction ID: 0277870 Amount of Each Receipt this Period 2500.00
Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date 2500.00	Batch Tool - PAC
Full Name (Last, First, Middle Initial) David Lightfoot Mailing Address 4748 Wild Meadow	Reach	Date of Receipt
City Santa Rosa FEC ID number of contributing federal political committee.	State Zip Code CA 95405	Transaction ID: C575E9BA-D457-470C Amount of Each Receipt this Period 300.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	al)	3165.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 45 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
۸.	Full Name (Last, First, Middle Initial) Richard Mackool			Date of Receipt
	Mailing Address 31-27 41st Street			01 23 7 4 9 9
	City	State	Zip Code	Transaction ID: FAD9TV551742
	Astoria	NY	11103-3901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	- ' '	e Year-to-Date ▼ 365.00	
_ s.	Full Name (Last, First, Middle Initial) Jeff Maltzman			Date of Receipt
-	Mailing Address 5670 N. Camino Artu			
	City	State	Zip Code	Transaction ID: 24134A1F-9891-4DFA
	Tucson	AZ	85718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthalr		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
. –	Full Name (Last, First, Middle Initial) Malcolm Mazow			Date of Receipt
	Mailing Address 2855 Gramercy			0 1 1 4 2 0 0 8
	City	State	Zip Code	Transaction ID: 87P2GU545163
	Houston	TX	77025-1635	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Г		1		1865.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 45 (check only one) X
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
۷.	Full Name (Last, First, Middle Initial) William Mieler			Date of Receipt
	Mailing Address 5740 So Kimbark Av	enue		01 17 2008
	City Chicago	State IL	Zip Code 60637	Transaction ID: 9E487A1A-48F4-41E0- Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation Ophthalr		
	Receipt For: Primary General Other (specify) ▼	 	e Year-to-Date ▼ 500.00	
_ 3.	Full Name (Last, First, Middle Initial) Richard Miller			Date of Receipt
	Mailing Address PO Box 7267			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 4PJKRI274184
	Rockford	IL	61126-7267	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_).	Full Name (Last, First, Middle Initial) Richard Mills			Date of Receipt
	Mailing Address Suite 1124 1221 Madison Street			0 1 0 8 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: BSYBNI555456
	Seattle 550 ID and the state of a set if the	WA	98104-3536	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthalr	mologist	Datcii 1001 - FAC
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify) ▼		365.00	
Γ				1365.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 45 (check only one) X 11a
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Carl Minning			Date of Receipt
	Mailing Address 2935 Maple Avenue			01 24 2008
	City	State	Zip Code	Transaction ID: GAX2Q8451864
	Zanesville	OH	43701-1487	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) James Mondzelewski			Date of Receipt
	Mailing Address Suite 104 1050 Bower Hill Road			01 08 2008
	City	State	Zip Code	Transaction ID: BSYBNI735164
	Pittsburgh FEC ID number of contributing federal political committee.	C	15243-1866	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:	, ' ' ' 	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
	Full Name (Last, First, Middle Initial) Jeffrey Mono			Date of Receipt
	Mailing Address Suite 200 8901 Golf Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: FBF69D878655
	Des Plaines	<u>IL</u>	60016-4028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00 Batch Tool - PAC
	Name of Employer self	Occupatio Ophthalr		Dalcii 1001 - PAC
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		500.00	
Г		ı		1365.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Thomas Moore Mailing Address 214 E Monterey Way S	uite 1		Date of Receipt
	City Phoenix	State AZ	Zip Code 85012-2620	Transaction ID: 0754381 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33012-2020	365.00
	Name of Employer self Receipt For:	Occupatio	mologist	Batch Tool - PAC
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
В.	Full Name (Last, First, Middle Initial) Jeffrey Nilles Mailing Address Suite 102			Date of Receipt 0 1 2 3 2 0 0 8
	Lity 1808 Verdugo Bouleval	State	Zip Code	Transaction ID: FAD9TV614695
	Glendale FEC ID number of contributing federal political committee.	CA	91208-1448	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
С.	Full Name (Last, First, Middle Initial) Radu Pacurariu Mailing Address Suite 201 920 Wyoming Avenue			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Forty Fort	State PA	Zip Code 18704-3999	Transaction ID: 450c9b65bf73b0fc058a
	FEC ID number of contributing federal political committee.	C	10704-3333	Amount of Each Receipt this Period 250.00
	Name of Employer self	Occupation Ophthalr		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1115.00
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 45 (check only one) X
,	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Gregory Panzo Mailing Address 2037 Crooked Lake Es	ototoo I ono		Date of Receipt
	Walling Address 2037 Crooked Lake Es	states Latte		01 24 2008
	City Eustis	State FL	Zip Code 32726-5721	Transaction ID: 429d8df3c5f08aa79ea2 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		625.00
	Name of Employer self	Occupatio Ophthalr		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 625.00	
_ 3.	Full Name (Last, First, Middle Initial) Joseph Parelman			Date of Receipt
	Mailing Address 3830 W 75th Street			01 17 2008
	City	State	Zip Code	Transaction ID: FBF69D928770
	Prairie Village	KS	66208-4128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_).	Full Name (Last, First, Middle Initial) David Parke			Date of Receipt
	Mailing Address 7313 Lancet Lane			01 23 7 2008
	City	State	Zip Code	Transaction ID: 755427AA-2E51-4853-
	Oklahoma City	OK	73120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupatio Ophthalr	mologist	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		2125.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 45 (check only one) X
A 0	ny information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and addre	ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Maria Patterson Mailing Address 12690 W North Avenu City	e State	Zip Code	Date of Receipt M M
	Brookfield FEC ID number of contributing federal political committee.	WI C	53005-4636	Amount of Each Receipt this Period 500.00
	Name of Employer self Receipt For: Primary General Other (specify)	Occupation Ophthalmo Aggregate Ye	logist ear-to-Date ▼ 500.00	Batch Tool - PAC
3.	Full Name (Last, First, Middle Initial) Larry Jeffrey Payne Mailing Address Suite C 535 Jesse Jewell Park City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	Gainesville FEC ID number of contributing federal political committee. Name of Employer self	GA C Occupation	30501-3772	Amount of Each Receipt this Period 250.00 Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Ophthalmo Aggregate Yo	logist ear-to-Date ▼ 250.00	
).	Full Name (Last, First, Middle Initial) Robert Scott Pinke Mailing Address Roxbury Eye Center P 66 Sunset Strip Suite			Date of Receipt 0 1 0 7 2 0 0 8
	City Succasunna	State NJ	Zip Code 7876	Transaction ID: 4PJKRI007303 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthalmo	logist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		1750.00

ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 45 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ophthalmol		•	
Full Name (Last, First, Middle Initial) Norman Radtke			Date of Receipt
Mailing Address Suite 240 3 Audubon Plaza D)rive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: GAX2Q8733650
Louisville	KY	40217-1319	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Peter Rapoza	L		Date of Receipt
Mailing Address 64 Chandler Street	İ		01 08 7 9 9 9
City	State	Zip Code	Transaction ID: 965B7057-E91B-449
Boston	MA	02116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer self	Occupation Ophthaln		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Ralph Riffenburgh			Date of Receipt
Mailing Address 10 Congress Stree	t Suite 340		01 08 2008
City	State	Zip Code	Transaction ID: BSYBNI683346
<u>Pasadena</u>	CA	91105-3023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	365.00	
SUBTOTAL of Receipts This Page (options	-D		1865.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
(Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	y Inc Politica	I Committee (OPHTHPAC)	
۷.	Full Name (Last, First, Middle Initial) Aron Rose			Date of Receipt
	Mailing Address Suite 5B 40 Temple Street			01 07 2008
	City	State	Zip Code	Transaction ID: 4PJKRI622534
	New Haven	CT	06510-2715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ 3.	Full Name (Last, First, Middle Initial) Bradley Ruff			Date of Receipt
	Mailing Address Vision Eye Center 900 N Westmoreland Road Suite LI84			01 23 7 9 9 9
	City	State	Zip Code	Transaction ID: FAD9TV523656
	Lake Forest	<u> L</u>	60045-1681	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		365.00	
- :.	Full Name (Last, First, Middle Initial) Randy Russell			Date of Receipt
	Mailing Address 40 CR 233			01 14 2008
	City	State	Zip Code	Transaction ID: C151ED98-3F4B-4BAI
	Oxford	MS	38655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupatio Ophthalr	nologist	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
Г		1		1115.00

I7	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS ny information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Barry Scher Mailing Address 681 Third Avenue			Date of Receipt M
	City	State	Zip Code	Transaction ID: 4PJKRI312241
	Chula Vista	CA	91910-5703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Barbara Schroeder Mailing Address 3301 Lake Avenue			Date of Receipt 0 1 0 8 2 0 0 8
	City	State	Zip Code	0 1 0 8 2 0 0 8 Transaction ID: BSYBNI822562
	Fort Wayne	IN	46805-5529	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
—).	Full Name (Last, First, Middle Initial) Kevin Scott			Date of Receipt
	Mailing Address Eye Plastic Assoc Pc 3700 Joseph Siewick	Drive Suite 4		01 29 2008
	City Fairfax	State VA	Zip Code 22033	Transaction ID: GAX2UE354684 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			2500.00

SCHEDULE A (FE ITEMIZED RECEIF	· · · · · · · · · · · · · · · · · · ·	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes,	other than using the name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE American Academy of	(In Full) f Ophthalmology Inc Politica	I Committee (OPHTHPAC)	
Full Name (Last, First, Mi Maria Cirone Scott	ddle Initial)		Date of Receipt
	apeake Eye Care and Laser Medical Parkway Suite 320	Cent	01 29 2008
City	State	Zip Code	Transaction ID: GAX2UE768868
Annapolis	MD	21401-7901	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee			1000.00
Name of Employer self	Occupation Ophthali		Batch Tool - PAC
Receipt For:		e Year-to-Date ▼	
Primary G Other (specify) ▼	eneral	1000.00	
Full Name (Last, First, Mi Neil Shmunes	ddle Initial)		Date of Receipt
Mailing Address 152 L	Iniversity Boulevard North	0 1	
City	State	Zip Code	Transaction ID: 87P2GU964281
<u>Jacksonville</u>	<u>FL</u>	32211-7533	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee			365.00
Name of Employer self	Occupation Ophthali		Batch Tool - PAC
Receipt For:		e Year-to-Date	
Primary G Other (specify) ▼	eneral	365.00	
Full Name (Last, First, Mi	ddle Initial)		Date of Receipt
Mailing Address Suite 17115	121 Red Oak Drive		01 29 7 2008
City	State TX	Zip Code 77090-2607	Transaction ID: GAX2UE679581
Houston FEC ID number of contribution federal political committee	outing	77090-2007	Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthali		Batch Tool - PAC
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary G Other (specify) ▼	eneral	365.00	
SUBTOTAL of Receipts Th	is Page (optional)		1730.00
	age this line number only)	•	

П	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	totomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 45 (check only one) X
OI A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Joseph Sidikaro Mailing Address Suite 410 435 N Roxbury Drive City	State	Zip Code	Date of Receipt M
	Beverly Hills FEC ID number of contributing	CA	90210-5006	Amount of Each Receipt this Period 500.00
	Receipt For: Primary Other (specify) ▼	Occupation Ophthalr		Batch Tool - PAC
В.	Full Name (Last, First, Middle Initial) Richard Simmons Mailing Address 6207 Bennett Road	<u> </u>		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 87P2GU452160
	Jacksonville FEC ID number of contributing federal political committee.	C	32216-5007	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_).	Full Name (Last, First, Middle Initial) Stephen Sullivan Mailing Address 51 State Road	l		Date of Receipt 0 1 2 9 2 0 0 8
	City	State	Zip Code	Transaction ID: GAX2UE626782
	North Dartmouth FEC ID number of contributing federal political committee.	C	02747-3319	Amount of Each Receipt this Period 1000.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	, ' ' ' 	e Year-to-Date ▼ 1000.00	
ſ,	SUBTOTAL of Receipts This Page (optional)			1865.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 45 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
۷.	Full Name (Last, First, Middle Initial) John Sutphin			Date of Receipt
	Mailing Address Suite 100 7400 State Line Road			01 08 2008
	City	State	Zip Code	Transaction ID: BSYBNI496577
	Prairie Village	KS	66208-3447	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Vincent Sutton			Date of Receipt
	Mailing Address 1710 South 70th Stree PO Box 6068	t		01 08 7 9 9 9
	City	State	Zip Code	Transaction ID: BSYBNI333667
	Lincoln	NE	68506-1676	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthalr		Datcii 100i - FAC
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
. –	Full Name (Last, First, Middle Initial) Gareth Tabor			Date of Receipt
	Mailing Address Suite 240 27 S State Street			01 11 2008
	City	State	Zip Code	Transaction ID: 4da396cef959fda0750
	Lake Oswego	OR	97034-3935	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation Ophthalr	mologist	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 45 (check only one) X
A	ny information copied from such Reports and St r for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) William Tang			Date of Receipt
	Mailing Address Suite 102 182 W Central Street			01 18 2008
	City	State	Zip Code	Transaction ID: 0446525
	Natick FEC ID number of contributing federal political committee.	C	01760-3756	Amount of Each Receipt this Period 300.00
	Name of Employer self	Occupatio		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Ophthalr Aggregate	nologist e Year-to-Date ▼ 300.00]
_	Full Name (Last, First, Middle Initial) Paul Tarantino			Date of Receipt
	Mailing Address 1403 Madison Park Dr Ste 100			0 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Clas Burnia	State	Zip Code	Transaction ID: 0653164
	Glen Burnie FEC ID number of contributing federal political committee.	C	21061-6292	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Donald Tingley			Date of Receipt
	Mailing Address 1015 Ridge Road			0 1 1 7 2 0 0 8
	City Webster	State NY	Zip Code 14580-2907	Transaction ID: FBF69D845813 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	14300 2307	500.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			1300.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 45 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any per- e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	y Inc Political Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) John Trittschuh Mailing Address 4016 W Main Street		Date of Receipt
	Mailing Address 4016 W Main Street City	State Zip Code	0 1 2 3 2 0 0 8 Transaction ID: FAD9TV152627
	<u>Kalamazoo</u>	MI 49006-2745	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
. –	Full Name (Last, First, Middle Initial) Svetlana Tsipursky		Date of Receipt
	Mailing Address Suite 120 2640 Golf Road		01 18 2008
	City	State Zip Code	Transaction ID: 0536457
	Glenview	IL 60025-4762	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	365.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthalmologist	Balcii 1001 - FAC
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Michael Vrabec		Date of Receipt
	Mailing Address 21 Park Place		01 29 2008
	City	State Zip Code	Transaction ID: GAX2UE773183
	Appleton	WI 54914-8872	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	1000.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthalmologist	Dalcii 1001 - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Г			1665.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 45 (check only one) X					
A.	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	on for the purpose of soliciting contributions o solicit contributions from such committee.							
	Full Name (Last, First, Middle Initial) Tony Weaver Mailing Address 2020 Fleischmann Ro	Date of Receipt M							
	City	State	Zip Code	Transaction ID: 87P2GU631567					
	<u>Tallahassee</u>	FL	32308-4599	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		365.00					
	Name of Employer self	Occupation Ophthali	on mologist	Batch Tool - PAC					
	Receipt For: Primary General Other (specify) ▼	Receipt For: Primary General Aggregate Year-to-Date 265 00							
В.	Full Name (Last, First, Middle Initial) Jeffrey Wick Mailing Address 6109 Quail Creek Driv	Date of Receipt							
	0.1	01-1-	7'- 0-4-	01 29 2008					
	City Tyler	State TX	Zip Code 75703-4536	Transaction ID: GAX2UE825893 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	73703-4330	365.00					
	Name of Employer self	Occupation Ophthali	on mologist	Batch Tool - PAC					
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 365.00						
C.	Full Name (Last, First, Middle Initial) Z Nicholas Zakov			Date of Receipt					
	Mailing Address 7779 Sugarbush Lane			01 03 2008					
	City	State	Zip Code	Transaction ID: 4a948609b8cfb5ae4ea5					
	Gates Mills	OH	44040-9756	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		125.00					
	Name of Employer self		mologist						
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 250.00						
	SUBTOTAL of Receipts This Page (optional)			855.00					
-	TOTAL This Period (last page this line number	only)							

В.

SCHEDULE A (FEC Form 3X)

PAGE 41 / 45 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Z Nicholas Zakov Date of Receipt Mailing Address 7779 Sugarbush Lane 0.1 03 2008 Zip Code City State Transaction ID: 42868aab54d2e9a6d394 Gates Mills OH 44040-9756 Amount of Each Receipt this Period FEC ID number of contributing 125.00 C federal political committee. Name of Employer self Occupation Ophthalmologist Receipt For: Aggregate Year-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Roger Zelt Date of Receipt Mailing Address 200 Iroquois Road 0 1 24 2008 City Transaction ID: GAX2Q8062353 State Zip Code **Pittsburgh** PA 15241-1122 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Batch Tool - PAC Name of Employer Occupation Ophthalmologist Receipt For: Aggregate Year-to-Date ▼

500.00

SUBTOTAL of Receipts This Page (optional)	•	625.00
TOTAL This Period (last page this line number only)	•	53276.00

Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 45 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ophthalmolo	gy Inc Politica	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A. Mailing Address PO Box 63020			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City San Francisco	State CA	Zip Code 94163	Transaction ID: 88649-35395449399948 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2631.47
Name of Employer Receipt For: Primary General	Occupation Aggregate	n Year-to-Date ▼	Bank interest 01/08
Primary General Other (specify) ▼		2631.47	

SUBTOTAL of Receipts This Page (optional)	•	2631.47
TOTAL This Period (last page this line number only)	<u> </u>	2631.47

В.

C.

SCHEDULE B (FEC Form 3X)	11	.	FOR L	INE N	E NUMBER: PAGE 43 / 45									
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	´ _	(check	Ė	. ′	_								
	Detailed Summary Page		X 21k	` _	22 28a	Н	23 28b	ш.	.4 .8c	_	25 29	26 30b		
Any Information copied from such Reports and State	nents may not be sold or use	ed by a		on for		ırpos		\perp		ntril				
or for commercial purposes, other than using the nam														
NAME OF COMMITTEE (In Full)														
American Academy of Ophthalmology Inc	: Political Committee (OF	PHTH	PAC)											
Full Name (Last, First, Middle Initial)										739	08632	2993698		
Union Bank			Date of Disbursement M 1 M / D 3 D / Y 2 0 0 8 Amount of Each Disbursement this Period											
Mailing Address 400 California Street														
City San Francisco	State Zip Code CA 94104													
Purpose of Disbursement Bank Fees 01/08			001	1	L.	_					902.4	17		
Candidate Name		Ca	tegory/ Type	1										
· 🗎	ement For:		71											
Senate President	Primary General Other (specify) ▼													
State: District:	Guici (Speeliy)													
Full Name (Last, First, Middle Initial)					Trans	sacti	ion ID:	: 8864	19-8	331	84450	0864792		
Union Bank					Date of Disbursement									
Mailing Address 400 California Street					0 1	IVI	້ 3	3 1	Ľ	2	0 Ó 8	В		
City	State Zip Code				Amou	ınt o	f Each	Disbu	ırse	men	t this	Period		
San Francisco Purpose of Disbursement	CA 94104			_							195.7	2		
Bank Fees 01/08] (001				•							
Candidate Name			tegory/ Type											
Office Sought: House Disburs	ement For:	<u> </u>	JPC											
Senate	Primary General													
State: President State:	Other (specify)													
Full Name (Last, First, Middle Initial)					Trans	sacti	ion ID:	8864	19-8	358	39480	0161667		
Wells Fargo Bank N.A.							isburse			,,,,	00.0			
Mailing Address PO Box 63020					0 ^M 1	М	[′] 3	3 1	Y	Ž	o ŏ e	3 ^Y		
City San Francisco	State Zip Code CA 94163				Amou	ınt o	f Each	Disbu	ırse	men	t this	Period		
Purpose of Disbursement AMEX Discount 1/08			001	1	L.	_					403.7	74		
Candidate Name		Ca	tegory/ Type	1										
	ement For:													
Senate President	Primary General Other (specify) ▼													
State: District:														
SUBTOTAL of Disbursements This Page (optional)				•			•			15	501.9	3		
TOTAL This Period (last page this line number only	1			- ▶					-	15	501.9	3		
= 1 mo 1 onou have page the mine hamber only	,			-		_			-					

	SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	for each ca	ate schedule(s) ategory of the ummary Page		(chec	k only 1b	22		23 28b	F	24 28c	GE	44 / 25 29	45	26 30b	
	Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam													s		
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political Co	mmittee (OPF	ΗТН	PAC)										
A.	Full Name (Last, First, Middle Initial) Thomas Hejkal				isburs	en					3698					
	Mailing Address 985540 Nebraska Medic Ophthalmology	al Center					$ \begin{bmatrix} M & 1 & M \\ 0 & 1 & M \end{bmatrix} $ $ \begin{bmatrix} D & 1 & 4 \\ 4 & 4 \end{bmatrix} $ $ \begin{bmatrix} Y & 2 & 0 & 0 & 8 \\ 2 & 0 & 0 & 8 \end{bmatrix} $									
	City Omaha	State NE	Zip Code 68198-0001				Amount of Each Disbursement this Period									
	Purpose of Disbursement duplicate				010		200.00						00			
	Candidate Name				tegory Type	'/										
	Senate President	ement For: Primary Other (spec	General													
_	State: District: Full Name (Last, First, Middle Initial)						Tran	sea ot	ion ID		36798-	745	0677	752/	1049	
B.	Khoa Nguyen			Date	of D	isburs	en	nent				1340				
	Mailing Address 2100 Forest Avenue Suit	te 105					$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & I \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & N & Y \\ Z & O & O & N \end{bmatrix}$									
	City San Jose	State CA	Zip Code 95128-1422				Amo	ount c	f Eacl	h C	Disburse				d	
	Purpose of Disbursement duplicate				010		L			0			100.0	00		
	Candidate Name				tegory ype	'/										
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General													
	State: District:		-													

SUBTOTAL of Disbursements This Page (optional)	•	300.00
TOTAL This Period (last page this line number only)	•	300.00

Image# 28930596533 Form/Schedule: F3X Transaction ID: